## COMMONWEALTH OF KENTUCKY OFFICE OF MINE SAFETY & LICENSING

## M.E.T. APPLICATION FOR INITIAL CERTIFICATION (40-HOUR INITIAL TRAINING COURSE) CHALLENGE FOR RENEWAL

PLEASE USE INK ONLY TO FILL OUT	Γ			SOCIAL	SECURI	TY NUMB	ER	
MINER IDENTIFICATION NUMBER	COURSE BEGIN	COURSE BEGINNING DATE		COURSE	ENDING I	DATE		
Last Name	First Name	Middle Ini	tial Telepho	ne No.				
Вох			County	)				
Address				OMSL District				
City		State	Zip Cod	le				
Gender: Male:	Female	:	Birthdate:		/	/		
Certified Miner in the Comm (Copy of Kentucky Miner Certification Communication C		y: Undergro	und	Sui	face			
2. CPR Certification Expiration Da (Copy of current CPR Course Completic		′ /						
3. Copy of Initial M.E.T. Training F (Private Instructor's Only.)	Form 5000-23 embosse	ed with Instructor	's Seal. <u>N</u>	/A FOR	<u>CHALL</u>	ENGE		
4. MET Instructor Name & Certification Number:				N/A FOR CHALLENGE				
I certify that all information set out result in suspension or loss of my ce		ct and understa	nd that any m	isreprese	entation	n may		
Signature				Date				
Breath alcohol screening test results Date	nega	oleted at District Office ative posi	tive di	entificatio entificatio		_	•	
If positive, results of a confirmation breath	h alcohol test must be reco	rded on a form BAT	F-1 and attached.					
For OMSL use only:								
MET Certification Number:		D	ate Certified:		/	/		
Expiration Date:			Card Mailed: / /					

EF-18 (Rev. 10.22.08)

This form may be reproduced, **BUT CANNOT BE ALTERED.**